

## Good practice examples: Commissioning of community pharmacists outside of the core contract

Type of service	Additional Information	Contact details
<b>Community pharmacists working in GP practice</b>		
Newark and Sherwood CCG	<p>The programme is locally funded (NHS England, North Midlands) and is designed to maximise patients' health and wellbeing by making efficient use of the skills of both General Practitioners and Community Pharmacists. The programme aims to develop and evaluate new models of care to test whether the quality can be improved by utilising community pharmacy independent prescribers (CPIP) in both a GP practice and/or a community pharmacy setting.</p> <p>CPIPs will be part of the wider General Practice team and co-manage patients with long term conditions and urgent care needs. Care for patients in nursing homes is also being tested. The project is hosted by Newark and Sherwood CCG. These models will be tested in 6 different locations across Derbyshire and Nottinghamshire over an 18 month period.</p> <p>Six pilot sites have been identified, with 5 sites live as of 31st March 2016. Over 3,600 patient consultations have been made (by March 31st 2016), with very positive feedback from key stakeholders including patients, GPs, Practice staff and Community Pharmacy. Initial evaluation of patient outcomes and quality improvements show encouraging signs for the potential to adopt this at pace and scale.</p>	<p>Gerald Ellis Programme manager, GP Community Pharmacy Transformation <a href="mailto:gerald.ellis@nhs.net">gerald.ellis@nhs.net</a></p>
Sheffield	<p>The Primary Care Pharmacy Programme, initiated by a local federation of GPs (Primary Care Sheffield) is being funded by the Prime Minister's Challenge Fund.</p> <p>Over 80 Sheffield general practices have been matched with a local community pharmacist (and a few community technicians). The pharmacist has been</p>	<p>Jo Tsoneva NHS Sheffield Clinical Commissioning Group <a href="mailto:Jo.tsoneva@nhs.net">Jo.tsoneva@nhs.net</a></p>

	<p>backfilled to enable them to work in the general practice for a least one clinical session per week.</p> <p>Established in October 2015 and designed to release GP time, pharmacists initially carried out a range of activities from a set 'menu' mostly supporting patients behind the scenes such as reconciling repeat prescriptions and dealing with hospital discharges. As confidence on both sides has grown and a level of trust developed, in some settings this has evolved into a much more dynamic patient facing range of interventions such as supporting morning triage dealing with medication queries, and domiciliary visits carrying out medication reviews.</p> <p>To date over 15,000 patient interventions have been carried out and an estimated 2,700 hours of GP time released.</p>	
Tower Hamlets	<p>An outreach team of pharmacists have been developed. The pharmacists, from community pharmacy, work across London to support GPs on a day to day basis, including two large GP federations. Results are positive to date.</p>	<p>Ravi Sharma Head of Primary Care Integration and Lead GP Practice Pharmacist at Green Light. Clinical Practice Pharmacist at Honeypot Medical Centre. <a href="mailto:ravi.sharma4@nhs.net">ravi.sharma4@nhs.net</a></p>
<p><b>Community pharmacists supporting patients with Long Term Conditions and mental health</b></p>		
Community pharmacist undertaking clinical medicines reviews	<p>Pharmacists delivering person centred Pharmacy Care Plans for patients with multiple long term conditions across 43 pharmacies from the Wakefield and North Kirklees areas.</p> <p>Patients are encouraged to set their own personal health goals as part of a package of care designed around their needs, including the use of Patient Activation Measure (PAM), reviews of medicines and appliances, as well as lifestyle and behavioural support.</p>	<p>Malcolm Harrison Senior Manager, Projects and Contract Development, Boots UK <a href="mailto:m.harrison@boots.co.uk">m.harrison@boots.co.uk</a></p>

	<p>The service is being delivered for each patient over 12 months, with a frequent “light touch support” approach being used, in addition to more formal reviews of progress.</p> <p>Final results expected autumn/winter 2016 and more information can be found at <a href="http://www.communitypharmacyfuture.org">www.communitypharmacyfuture.org</a></p>	
<p><b>Making time – community pharmacists supporting people with learning disabilities</b></p>	<p>The Making Time project is based in the south of Leeds and has been developed by NHS Leeds North CCG and Community Pharmacy West Yorkshire in partnership with Leeds City Council Adult Social Care Learning Disability Services, Leeds and York Partnership NHS Foundation Trust and service users.</p> <p>The “Making Time” project is to try and make sure people with learning disabilities get the best service they can from their community pharmacy. It’s about making sure that pharmacy services can offer the kind of person centred service that people with a learning disability really need to stay safe and well. This project is based on a year of care approach which is about a proactive process of planning the care and services offered to patients with improved patient involvement, a personalised approach which supports self-management.</p> <p>So far 65 individuals are receiving the service and the feedback is positive from both service user and pharmacy teams. The commissioner has just approved the expansion of the service to another area of Leeds and the aim is to bring the number of people living with a learning disability receiving this service up to 100 individuals in the next few months.</p>	<p>Nigel Hughes <a href="mailto:nigel@cpwy.org">nigel@cpwy.org</a></p>
<p><b>Community Pharmacists supporting chronic obstructive pulmonary disease (COPD) patients</b></p>	<p>Community Pharmacy West Yorkshire are working with NHS Leeds West CCG on the community pharmacy element of the EPIC service. The pharmacy EPIC COPD review service is part of a wider EPIC project and is commissioned to promote adherence to respiratory medication and self-care for patients with COPD.</p>	<p>Ruth Buchan FFRPS, Service Development Manager Community Pharmacy West Yorkshire <a href="mailto:ruth@cpwy.org">ruth@cpwy.org</a></p>

	<p>The EPIC project will target high risk COPD patients at 14 practices in Pudsey, Armley and Bramley within the Leeds West CCG over a period of 4 months. These GP practices have been chosen as they reside within a geographical area where COPD patients have high rates of hospital admissions and accident &amp; emergency attendances. Based on QOF data for 2013/14 there are approximately 2,600 COPD patients within these practices.</p> <p>The EPIC project aims to improve patient's ability to manage their own COPD through greater understanding of COPD and its treatment, increase the use of self-care management plans, and ensure that they are able to use their COPD treatment effectively and correctly.</p> <p>Full service details can be found at: <a href="http://www.cpw.org/pharmacy-contracts-services/local-services-enhanced-/respiratory-epic-.shtml">http://www.cpw.org/pharmacy-contracts-services/local-services-enhanced-/respiratory-epic-.shtml</a></p> <p>Eligible patients receive 2 consultations 8 weeks apart with a suitably trained pharmacist / pharmacy technician.</p> <p>The consultations cover smoking cessation advice, inhaler technique, COPD monitoring, pharmacotherapy, lifestyle and education. The consultation guide summarises the community pharmacy consultation.</p> <p>The evaluation will be ready later this year but early data is showing us positive results and patient feedback is very positive too.</p>	
<p><b>Community pharmacists supporting patients under 18 with attention deficit hyperactivity disorder (ADHD)</b></p>	<p>Innovation funding from the Health Foundation is being used in the New Forest to pilot a scheme whereby community pharmacies undertake the physical health monitoring of patients on ADHD medication under the local CAMHS team. This involves taking BP, pulse, height and weight measurements and entering them onto PharmOutcomes for the CAMHS team to read. This will save some families travelling to the clinic, it will eventually free up capacity allowing more innovative delivery of care models. ADHD clinic</p>	<p>Ray Lyons Chief Pharmacist, Strategy <a href="mailto:Ray.Lyon@sussexpartnership.nhs.uk">Ray.Lyon@sussexpartnership.nhs.uk</a></p>

	<p>appointments are now driven by the need to do the physical health checks every six months. It is expected that families will find this much more convenient and reduce DNAs and late cancellation of clinic appointments.</p> <p>Outcomes of this service will be measured in a number of ways. The full pilot is due to start in July 2016 and to run for 12 months.</p>	
<b>Enhanced out of hours provision</b>		
Enhanced out of hours services from community pharmacists	<p>Community pharmacists will be providing an enhanced out of hours / walk in service at the weekends. These pharmacists will be Independent Prescribers and have complete read and write access to patient's notes i.e. EMIS web in the pharmacies. The service will be project managed ensuring appropriate education, training, mentorship and support.</p>	<p>Ravi Sharma Head of Primary Care Integration and Lead GP Practice Pharmacist at Green Light. Clinical Practice Pharmacist at Honeypot Medical Centre. <a href="mailto:ravi.sharma4@nhs.net">ravi.sharma4@nhs.net</a></p>
<b>Domiciliary Care</b>		
Supporting domiciliary care in Croydon	<p>The Community Pharmacy Domiciliary Medicine Review Service in Croydon aims to support housebound people to make better use of their medicines, enabling them to live independently in their own home for as long as possible and to reduce medicines related events which might lead to unplanned hospital admissions or increased need for care.</p> <p>Analysis of interventions showed that in 14/15 and 15/16 (until December 2015), 314 patients received the service, resulting in interventions which are estimated to have avoided 80 emergency admissions and therefore a cost avoidance totalling £223,440. The service costs, including training and administration, for these two years to date totals £38,980.</p>	<p>Barbara Jesson <a href="mailto:Barbara.Jesson@crodonccg.nhs.uk">Barbara.Jesson@crodonccg.nhs.uk</a></p>

<p><b>Domiciliary care in Cornwall</b></p>	<p>An evaluation of the Community Pharmacist Domiciliary Visit service in Cornwall has shown that the service offers significant benefits to patients and the NHS; and includes the recommendation that the service is commissioned in all pharmacies across Cornwall so more housebound patients can benefit from the valuable service.</p> <p>Data from the evaluation shows that:</p> <ul style="list-style-type: none"> <li>•30.5% of people are likely to have avoided an unplanned admission to hospital, 60.5% of these were associated with high-risk medicines and 46.5% with analgesics;</li> <li>•4% of those using inhalers had an associated intervention;</li> <li>•43% of people had wasted medicines, some had significant volumes of potentially dangerous Controlled Drugs accumulated, exacerbated in a number of cases with patients showing symptoms of dementia and confusion;</li> <li>•5% of people visited were within the classes of vulnerable to severely frail; and</li> <li>•52% of the people visited resulted in a cost impact to the GP prescribing budget; 86.3% resulted in a cost saving.</li> </ul> <p>The evaluation also shows that community pharmacists helped to achieve:</p> <ul style="list-style-type: none"> <li>•a reduction in GP consultations and hospital admissions;</li> <li>•prescribing cost savings and medicines optimisation; and</li> <li>•a reduction in wasted medicines.</li> </ul>	<p>Nick Kaye Chair, Peninsula LPF (vice chair of LPC) <a href="mailto:nick-kaye@hotmail.com">nick-kaye@hotmail.com</a></p>
<p><b>Pharmacists working in GP Out of Hours</b></p>		
<p><b>Pharmacist in GP working extended hours</b></p>	<p>Prescribing and non-prescribing pharmacists have been working within general practice and helping offering extended hours services to the registered patient populations. Pharmacists are working from 8am in the morning to 8pm in the evening alongside GPs and Nurses, but also independently.</p>	<p>Ravi Sharma Head of Primary Care Integration and Lead GP Practice Pharmacist at Green Light <a href="mailto:Ravi.sharma4@nhs.uk">Ravi.sharma4@nhs.uk</a></p>

	<p>We have demonstrated that this increases access to healthcare, provides patients with options, helps with repeat prescribing process and emergency prescription requests from community pharmacy too, also helps communicate with hospital/secondary care colleagues.</p>	
<p><b>Out of Hours Telephone Pharmacist</b></p>	<p>In a joint initiative between Integrated Care 24 Ltd, the out of hours provider, and Sussex CCGs, an experienced pharmacist independent prescriber has been engaged to support the delivery of pharmaceutical advice and repeat prescription requests on Saturdays. On average around 50 calls are managed by the pharmacist over 8 hours which allows GPs to focus on more complex medical issues. The feedback from staff has been excellent with respect to having a pharmacist working alongside them which provides added value to the call management statistics. IC24 hope to expand this role across their other services</p>	<p>Kym Lowder, Head of Medicines Management, IC24. <a href="mailto:Kym.lowder@nhs.net">Kym.lowder@nhs.net</a></p>
<p><b>Pharmacists supporting health and social care integration</b></p>		
<p><b>Transfer of care, working across health and social care</b></p>	<p>Over a 3 year period Isle of Wight Social Services contracted both hospital and community pharmacy to support the reablement initiative.</p> <p>Clients / patients were identified to a clinical team (OT, physio and pharmacist) during a hospital stay for an assessment of current ability to self-manage, and the potential to return to full self-management within 90 days if given additional independence support. Designed to reduce long term care needs.</p> <p>A full assessment was carried out by a pharmacy technician on the ward, advice and support to get the most from their medicines was given, and all details were passed securely to the community pharmacist via the Pharmoutcomes community pharmacy system. Patients followed up at home by the community pharmacist included up to 3 domiciliary visits within 90 days. Payment was per visit, paid by social care via healthcare.</p> <p>Outcome measures identify:</p>	<p>Gillian Honeywell Chief Pharmacist Isle of Wight NHS Trust (acute, community, mental health and ambulance services) My Life a Full Life Vanguard site <a href="mailto:gillian.honeywell@iow.nhs.uk">gillian.honeywell@iow.nhs.uk</a></p>

	<ul style="list-style-type: none"> <li>• For every 2 patients reviewed, 3 admissions pa were prevented.</li> <li>• 55% less likely to have a 30 day readmission</li> <li>• For every patient reviewed 12 bed days saved pa</li> </ul> <p>All this delivers £100 return on £21 invested. There is now a more comprehensive service going forward. We review every patient admitted to hospital, follow up with a phone call or advice for MUR, and are finalising a local domiciliary visit tariff for community pharmacists. (Paper in process of publication)</p>	
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Please also see our examples of good practice of pharmacists being utilised to support the Urgent and emergency care agenda:

<https://www.rpharms.com/resources/webinars/improving-urgent-and-emergency-care>